

Health History (continued) Fit For Life

Do you have any physical disability that could interfere with safe exercise?

Please explain. _____

Physician's Name _____ Phone _____

Please describe a typical day of meals and snacks. List the times you eat and exactly what you eat with the portion size.

For example: Wake at 7:00am – Eat at 7:30am 1 hard-boiled egg, 1 slice of wheat toast with 1 tsp of butter, and a cup of orange juice.

Please list a typical training week schedule.

For example: Monday – run for 30 minutes and train abs for 15 min. Tuesday – Elliptical for 20 minutes and 30 minutes of leg training.

Please list your goals.

If you have questions or comments about our services, please let us know by utilizing one of the contact information options below. We thank you for your patronage, and we will work with you to fulfill all of your goals – guaranteed!